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CONFIRMATION NO. 2196

Bib Data Sheet

SERIAL NUMBER 09/420,002	FILING DATE 10/18/1999 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO.
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**APPLICANTS**

MARC A. COHEN, PHILADELPHIA, PA;  
 JOHN J. CSASZAR, FLEETWOOD, PA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 08/869,753 06/05/1997 PAT 5,970,124

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/08/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	PA	9	10	4
Verified and Acknowledged	Examiner's Signature Initials				

**ADDRESS**

22208

**TITLE**

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FILING FEE RECEIVED 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:  <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/420,002	FILING DATE 10/18/99	CLASS 705	GROUP ART UNIT 2761	ATTORNEY DOCKET NO.
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APPLICANT

MARC A. COHEN, BLUE BELL, PA; JOHN J. CSASZAR, FLEETWOOD, PA.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CIP OF 08/869,753 06/05/97 PAT 5,970,124

Yes AM

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

None AM

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

None AM

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/08/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 9	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials	<u>AM</u>	Initials			

ADDRESS

ANTTON & ASSOCIATES P C  
910 17TH STREET N W SUITE 800  
WASHINGTON DC 20006

TITLE

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